Emergency Prepared MEDICALLY Prepared







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- Board Certified Family Physician
- Training in Wilderness and Survival Medicine
- Training in Obstetrics and Pediatrics
- Stopped delivering babies 3 years ago
- Experience in Humanitarian Medicine in Underserved Countries

Three things to remember:

- Three weeks without food
- Three days without water
- Three hours without shelter
- Three minutes without air

So . . . It doesn't matter how many antibiotics you have if you haven't taken care of the above threes.

With this in mind lets address the important topics. Food:

- Must be storable
- Must be partially portable
- Must be well nourishing
- Must have enough.
- Canned, dried, dehydrated, freeze dried, etc. Mixture of all.

Medically Prepared

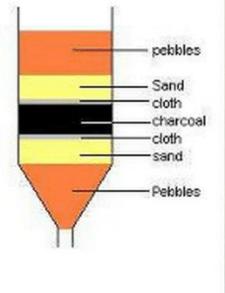
Canning:

- Time intensive, knowledge intensive, shorter storage life.
- Takes a large storage space.
- **Dehydrated:**
- Need a dryer. Shortest storage life. Limited foods.
 Freeze dried:
- Expensive to buy, Machine very expensive, longest shelf life
- Largest variety of foods.
- Compact storage. Very portable.

Water:

- Wells are only good if you can get to the water / need power.
- Wells are only good if they remain uncontaminated.
- Filters can be large or small, portable or fixed.
- Filters can be made with clay pots, rocks, sand, and charcoal.
- Stored water needs to have Clorox in it.
- Even with Clorox, stored water needs to be rotated.
- Storage includes toilet bowels, bath tubs, etc.
- Good filters: Life straw, Sawyer,

Medically Prepared Water: Home made filter.





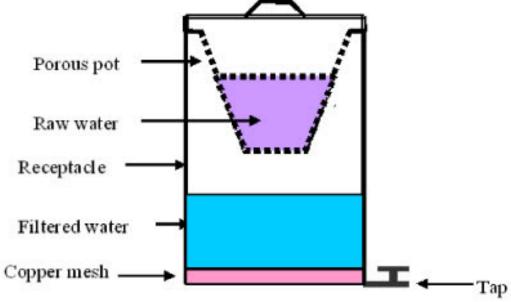


Figure 1 Schematic diagram of a clay pot water filter (CPWF)

Shelter:

- Follow the prophet.
- Try to own vs rent, easier to hang on to.
- Make sure you have adequate heat, back up heat.
- Power:
- Solar vs Gas vs Natural Gas vs Propane
- Automatic vs plug in
- Run whole house vs essentials
- If fuel, make sure enough fuel storage available

Air:

- Masks come in different levels:
- Regular masks: Large particles only, dirt, dust, spittle, etc.
- N95 mask will be needed to block virus.
- Bio-filter / respirators masks are needed for biohazards, fumes, etc.

Oxygen use / oxygen congentrators:

- Make sure you know how to service your machine.
- Oxygen concentrator, need power source to power it.
- Oxygen tanks work short term and need refilled.

Medically Prepared Medical Supplies:

- No need to have something if you don't know how to use it.
 - Plan for the most Urological Burns diseases 5% likely scenario. 4% Trauma Neurological 38% diseases 9% Serious skin or pulmonary infections 10% Gastrointest diseases Cardiovasc. 16% diseases 18%

Medically Prepared Trauma

- Bleeding is the most likely complication.
- Stop bleeding by compression, chemicals, or tying off.
 Compression:
- Maxi pads (Ultra super absorbable, Tampons, Compression bandages. Don't ever remove, just add to.

Chemicals:

- Drysol: small open wounds, nose bleeds, scrapes, shaving cuts
- Quick clot / Bleed stop / Woundseal: large wounds, trauma, life saving wound control

Tying off: sutures or Perma bond (super glue)

Medically Prepared Trauma

Broken bones: either leave them or set them.

- If you don't know how to set, leave them alone.
- Splint them in place, seek advice. Sam splint or similar.





- Medications:
- The following pages are a list of the most common medications needed.
- Rx = Prescription required, OTC = Over the counter
 - Recommend at least a three month supply of your own medication.
- Medication don't expire. Don't throw them away!
- Epocrates app. Great resource for medications.
- Good Rx app. Can get medication cheaper sometimes.
- Canadian pharmacies can be cheaper: Northwest pharmacy etc.
 ** Watch for potention interactions.**

Medícatíons / Uses / Dosíng

Stomach and Bowel

Dulcolax (bisacodyl) (OTC)Laxative / Stool softner5 mg tabs, 1 to 3 tablet once a dayEx-Lax (Sennoside) (OTC)Laxative / Stool softner2 tabs or pieces either once or twice a dayMiraLAX (Polyethylene glycol (OTC)Bulking agent / stool softner1 heaping teaspoon or capful daily

Colace (Docusate sodium) (OTC) Stool softner

100 mg tabs, 1 to 2 tabs every 12 hours

{ NOTE: BULKING AGENTS BRING WATER INTO THE BOWEL, SOFTNERS SOFTEN, AND LAXATIVES MOVE IT OUT! }

{ IT IS OFTEN ADVENTAGEOUS TO USE ALL THREE TOGETHER! }

Medícatíons / Uses / Dosíng

Stomach and Bowel cont.

Immodium (loperimide) (OTC)	Anti-diarrheal	2 mg, 2 tabs / caps initial dose, then 1 tab after each
		loose stool up to 4 tabs / caps in a 24 hour period
Kaopectate (bismuth subsalicylate)	Anti diambo al (Anti oranonina	
(OTC)	Anti-diarrheal / Anti- cramping	262 mg tabs, 1 or 2 tabs every 6 hours as needed
		** (AVOID IF ASPIRIN ALLERGY) **
Pepto Bismol (bismuth subsalicylate)		
(OTC)	Anti-diarrheal / Anti- cramping	1 or 2 tabs /caps or 30 mL every 6 hours as needed
		** (AVOID IF ASPIRIN ALLERGY) **
Antivert, (meclizine) (OTC)	Motion sickness / Vertigo	12.5mg - 25mg, 1 to 4 tabs every 12 hrs, not to exceed 100mg in 24 hrs
Dramamine (dimenhydrinate) (OTC)	Motion sickness / Vertigo	50 mg tabs and chewables, 1-2 tabs every 4 to 6 hours as needed
Zofran (ondansatron) (Rx)	Nausea	4 mg tabs / SL melts, 1 -2 tabs every 4 to 6 hours as needed
Nauzene (Sodium citrate dihydrate (OTC)	Nausea	230 mg, 2 to 4 tablets, every 15 min, not to exceed 24 tabs in a 24-hrs
TUMS (calcium carbinate) (OTC)	Antacid / acid reducer / heartburn	2 to 4 tabs every 2 hours, no more than 10 tablets in 24 hours
Pepcid AC (famotidine) (OTC)	Antacid / acid reducer / heartburn	20 mg tablets, 1 or 2 tabs every 12 hours
Prilosec (omeprazole) (OTC / RX)	Antacid / acid reducer / heartburn	20 mg OTC, 40 mg Rx tablets, 20 mg to 40 mg every 24 hours

Medícatíons / Uses / Dosíng

Rehydration

Rehydration		
Oral rehyration salts (OTC)	Dehydration	No limit. The key with these is to "sip" slowly and consistently for hrs.
Liquid IV, LMNT, Drip Drop ORS (OTC)	Dehydration	otherwise they will vomit them back up. If that occurs, need IV fluids.
		*** Remember, the best way to treat dehydration is avoidance with
		pre-hydration and constant hydration during the activity.
		Be aware, stay ahead !!! ***



Allergy / Anaphylaxis

Allergic reaction / rash / early25mg tabs / chews, 1 or 2 every 6 hours as needed.Benadryl (diphenhydramine) (OTC) anaphylaxis*Will make sleepy.*

Medícations / Uses / Dosing

Allergic rash (hives)

Allergic rash (hives)		
Benadryl (diphenhydramine cream) (OTC)	Allergic rash / hives / itching	Use every 4 hours to control the rash or itching.
Kenelog (Triamcinalone cream) (Rx)	Allergic rash / hives / itching	Use every 4 hours to control the rash or itching.
Cortisone 10 (hydrocortisone cream) (OTC)	Allergic rash / hives / itching	Use every 4 hours to control the rash or itching.
		*** Can use any of the above with other creams /ointments. ***

Antibiotic creams

Antibiotic creams Neosporin (bacitracin, neomycin,	Mupirocin Rx: good against MRSA		
and			
polymixin b) ointment (OTC)	Skin infections, burns, rashes	Apply up to three times a day.	
Triple antibiotic - Same as Neosporin			

Medícatíons / Uses / Dosíng

Protective barrier creams

Protective barrier creams / Moisture		
Calmoseptine (menthol, zinc oxide) (OTC)	Moisture barrier / healing	Apply as often as needed. Very thick, won't come off.
Gold Bond, Friction Defense (Prever sweating / Skin irritation) (OTC)		Apply in the morning if expect to sweat a lot
Insect bite relie	<u>ef</u>	
Insect bite relief		
	Numbing medication for insect bites	Apply as often as needed. Re-apply the spots when needed.
Benadryl gel	Stops itching, bug bites, etc.	Apply as often as needed. Re-apply the spots when needed.
Calamine Clear Lotion	Stops itching, bug bites, etc.	Apply as often as needed. Re-apply the spots when needed.

Medícatíons / Uses / Dosíng

Pain relievers

Pain relievers				
Tylenol (acetaminopen) (OTC)	C) Pain reliever		325 mg, 500 mg (most common) 650 mg. 650 mg t 1000 mg every	
			6 hours as needed. Not to exceed 4000 mg in 24 hours.	
Advil (Ibuprofen) (OTC)			200mg. 200mg to 800mg every 8 hrs. Not to exceed 3600 mg in 24 hrs.	
Naprosyn / Aleve (naproxen) (OTC)	-		200 mg, 220 mg. Two tables initially, may repeat one tablet in 12 hours.	
	- -		No more than 3 tablets in 24 hrs.	
			81 mg, 325 mg. 325 mg once a day.	
Aspirin (OTC)	Pain reliever / Fever reducer			
Norco (hydrocodone / acetaminophen /) (Rx)		Pain reliever	500 mg (most common) mg every 6 hours	
(Narcotic)				
Ultram (tramadol) (Rx) (Narcotic)		Pain reliever	50mg most common, every 6 hours	
Oxycontin (oxycodone) (Rx) (Narcotic)		Pain reliever	10 mg, 20 mg, 30 mg every 6 hours	
	-		No more than 3 tablets in 24 hrs.	
		Neuropathic Pain	300mg tabs. 1,2,3, or 4 tabs every 6 hours	
Neurontin (gabapentin) (Rx)		reliever		

Medícations / Uses / Dosing Antibiotics

Antibiotics - All can be used for UTI, sinus infections, pneumonias, skin infections, ear infections, except FLAGYL which is specific for bowel infections.			
Amoxicillin (penicillin)(Rx) ** Penicillin **	Antibiotic	*** Penicillin ***	250 mg, 500 mg, 875 mg, Dose is 500 mg every 8 hours
			or 875 to 1000 mg ever 12 hours 7 to 10 days.
Omnicef (cefdinir) (Rx) **	Antibiotic ** R	Related to	
Cephalosporin **	Penicillin **		300 mg, Dose is 300 mg every 12 hours 7 to 10 days.
			** If they had a very SEVERE allergy to penicillin you probably
			should NOT use this medication or Keflex on this person. **
Keflex (cephalexin) (Rx) ** Cephalosporin **	Antibiotic ** R Penicillin **	Related to	250 mg, 500 mg. Dose is 500 mg every 12 hours 7 to 10 days.
			** If they had a very SEVERE allergy to penicillin you probably
			should NOT use this medication or Keflex on this person. **
Zithromax (azithromycin) (Rx) (Z- Pack)	Antibiotic		250 mg. 500 mg on day one, then 250 mg every 24 hrs for 4 more days.

Medícatíons / Uses / Dosíng

Antibiotics cont.

Bactrim					
(sulfamethoxaxole/trimethoprim) (Rx)	Antibiotic		400mg/80mg, Tw or 10 days.	o tablets every 12 hou	urs for 3, 5, 7,
			*** Ask about a su medication. ***	ulfa allergy prior to usin	ng this
Bactrim DS (sulfa/tmp - DOUBLE STRENGTH) (Rx)	Antibiotic		800mg/160mg, C or 10 days.	One tablet every 12 ho	urs, for 3, 5, 7,
			*** Ask about a su medication. ***	ulfa allergy prior to usin	ng this
Cipro (Ciprofloyacin) (Py)	Antibiotic	**Bowel treatment**		Dose is 500 mg every	12 hours for
Cipro (Ciprofloxacin) (Rx)	Antibiotic	bower neument.	3, 5, 01 / uuys.		
	-			Dose is 500 mg every	8 hours for 7
Flagyl (Metronidazole) (Rx)	**treats bov	Vel**	days.		
			Typically use with	Cipro to treat infectio	us diarrhea.

Medícations / Uses / Dosing

Cough and cold preparations

Cough and cold preparations - (DM = Dextromethorphan which helps with cough) (D = Sudafed - pseudophedrine) (PE = phenylephrine)			
Mucinex plain or D, DM (guiafe (OTC)	enesin)	Antimucolytic (breaks up mucous or snot)	1000 mg twice a day.
Sudafed (pseudophedrine) (O	IC)	Decongestant	30 mg, 60 mg, 120 mg ER. 30 or 60 mg every 4 to 6 hours
			120 mg ER twice a day. Should only take for about 10 - 14 days
Afrin nasal spray (OTC)	Decongestant		JUST DON'T TAKE. CAUSES REBOUND CONGESTION. REALLY BAD!
Vicks Datytime (tylenol/DM/PE) (OTC)			Tabs, caps, liquid. Two tabs / caps or 30 mL every 4 to 6 hrs as needed.
Vicks Night time (tylenol/DM/PE/doxalamine) (OTC)			Tabs, caps, liquid. Two tabs / caps or 30 mL every 4 to 6 hrs as needed.
Alka-Seltzer Plus (Cough and Cold)			For both above: Max 8 tabs / caps or 120 mL in 24 hours.
Vicks / Ricola Cough drops (OTC)			Take as needed. Mixed together in hot water with honey and lemon
			makes a great "tea" that calms a cough and sore

Medícatíons / Uses / Dosíng

Daily Vitamins and Minerals to help avoid viruses

DAILY TABLETS TO STAY HEALTHY AND AVOID VIRUSES ETC.

ZINC 50MG	Immune system builder.	Once a day in am or pm.
Vitamin C 1,000mg	Immune system builder.	Once a day in am or pm.
Vitamin D3 5,000 IU	Immune system builder.	Once a day in am or pm.
Quercitin 500mg	Immune system builder.	Once a day in am or pm.
Daily MultiVitamin	Immune system builder.	Once a day in am or pm.

Thank You for your attendance!

Questions?

If you are prepared, ye shall not fear.

10 Essentials for Your Emergency Kit

Older adults can be especially vulnerable during severe weather.



Stock your emergency kit with these essentials.



To learn more about how older adults can be prepared, visit www.nia.nih.gov/disaster-preparedness.

